



MONROE COUNTY HEALTH DEPARTMENT
FOOD PROTECTION – ROOM 1020/ 111 Westfall Road
P.O. Box 92832
Rochester, New York 14692 (585) 274-8081

GAZ. No. _____
REC. No. _____
CK. No. _____ \$ _____
Dated: _____

2003 APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT
in accordance with subpart 14-2 of the New York Sanitary Code

*This application must be submitted and approved **at least 10 days prior** to the event. The fee is **\$34.00 per booth per event**. The fee must accompany this application payable by cash, check or money order to the **Monroe County Health Department**. Please note that an **\$11.00 late fee** will be applied after the above specified time limit. (Total \$45.00) **Complete one form per event per booth.***

(Fee waiver forms are available for charitable, non-profit organizations. The required forms must be submitted and approved by this office prior to the event.)

FEE: \$34.00

LATE FEE: \$11.00

Amt. with LATE FEE: \$45.00

1. EVENT INFORMATION

_____ date from: ____/____/____ to: ____/____/____
title of event/festival

_____ festival location (street address)

_____ city/ town

_____ name of food booth

_____ serving date and time

2. OPERATOR'S INFORMATION (please print)

_____ (_____) _____
name of person, company, organization, etc. responsible for booth operation) phone no.

_____ address _____ city _____ state _____ zip

_____ cert. No. _____ exp. date: ____/____/____
certified food worker (if applicable)

3. FOOD INFORMATION (HOME PREPARED FOODS ARE NOT ALLOWED)

Hot foods: _____

Cold foods: _____

Beverages: _____ prepackaged/bottled: _____ drink mixes: _____ ice: _____

Where are the foods/beverages to be prepared: on site? _____ If not, name of approved facility: _____

What type of equipment will be used for transportation? Hot foods: _____

Cold foods: _____

The undersigned applicant has received, read, understands and agrees to operate the temporary food service establishment in complete compliance with subpart 14-2 of the New York Sanitary Code.

Signed _____ **Date of Application** _____
(Must be signed by operator)

Print Name _____

THIS IS NOT A PERMIT TO OPERATE!...a temporary food service establishment shall obtain and display a valid permit from an issuing official of the Monroe County Health Department (14-2.2). Permits will be issued after a satisfactory inspection. Failure to obtain a permit is cause for immediate closure (14-2.17).